

Membership Application

SportsTurf MANAGERS ASSOCIATION

Experts on the Field, Partners in the Game.

Note: This form is valid only for first time STMA National members through September.

Membership benefits continue through Dec. 31.

Fax to: (785) 843-2977

Or mail with payment to:
Sports Turf
Managers Association
PO Box 1673
Lawrence, KS 66044

Name	Title		
Employer/ Facility			
<input type="checkbox"/> Business	<input type="checkbox"/> Home		
Address			
City	State	Zip	
Home phone	Work	Cell	
Fax	Email		
Signature			
Direct Supervisor Name			

New Members*

As a new members, you receive a FREE conference registration, value \$375! Just indicate your status on the conference registration form.

Did someone refer you to STMA? We would like to thank them, and reward them with an STMA \$100 voucher.

Person who referred you:

Facility name:

*Not been an STMA national member since 2000. New student and affiliate memberships do not qualify for the free conference registration. However, all members are eligible to receive the \$100 voucher for referring a new qualifying member.
In order to receive the FREE conference registration, you must be a current member in the year that you use the registration.

Membership Category:

- | | |
|---|-------|
| <input type="checkbox"/> Sports Turf Manager | \$130 |
| <input type="checkbox"/> Sports Turf Manager Associate* (Additional member(s) from the same facility) | \$85 |

Please select the primary facility type where you are employed:

- ☐ Professional Sports ☐ Higher Education ☐ Schools K-12 ☐ Parks and Recreation

- | | |
|--|----------|
| <input type="checkbox"/> Academic | \$110 |
| <input type="checkbox"/> Student (verification of enrollment) | \$30 |
| <input type="checkbox"/> Commercial | \$340 |
| <input type="checkbox"/> Commercial Associate* (Additional member(s) from the same commercial company) | \$85 |
| <input type="checkbox"/> Affiliate (Person who is indirectly or on a part-time basis, involved in the maintenance/management of sports fields) | \$60 |
| <input type="checkbox"/> Retired | \$60 |
| <input type="checkbox"/> Chapter Dues (contact headquarters for amount) | |
| Chapter name) _____ | \$ _____ |
| <input type="checkbox"/> Contribution To SAFE Foundation (research, education and scholarship): | \$ _____ |
| Total Amount Enclosed: | \$ _____ |

Payment Method:

- ☐ Check ☐ Money Order ☐ Purchase Order #: _____

Credit Card: ☐ Mastercard ☐ Visa ☐ American Express ☐ Discover

Name on Card

Card #:

Exp. Date:

Signature:

*There must already be a national sports turf member from your facility or commercial member from your company before you may sign up in the Associate category.

Phone: 800-323-3875

www.STMA.org